PTO/SB/17 (12-04)

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Reduction Act of 1985, on necessary are constant to respond to a collection of information unless it displays a valid OMR control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/664,491 TRANSMIT Filing Date September 17, 2003 For FY 2005 First Named Inventor Suzanne E. Schaefer **Examiner Name** Sandra M. Rayford Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1772 450 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 24180-910000 METHOD OF PAYMENT (check all that apply) Money Order Check Credit Card Other (please identify): None L Deposit Account Name: McDermott Will & Emery LLP Deposit Account Deposit Account Number: 13-0206 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 200 Utility 150 250 100 Design 200 100 100 50 130 65 200 **Plant** 100 300 160 150 80 300 500 Reissue 150 250 600 300 200 Provisional 100 O 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 Extra Claims Fee Paid (\$) Multiple Dependent Claims Total Claims Fee (\$) 0 0 50 - 20 or HP = × Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee (\$) Fee Pald (\$) indep, Cialms Extra Claims 0 - 3 or HP = 0 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) **Extra Sheets** Fee (\$) (round up to a whole number) x - 100 = /50 = 0 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for Two-Month Extension of Time (\$450) 450 SUBMITTED BY Registration No. Telechone 27,952 Signature 312.372.2000 (Attorney/Agent) Date Name (Print/Type) Joy Ann G. Serauskas August 16, 2005

This collection of Information is required by 37 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTIO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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